

Board of Health, City of Baltimore.

Permit No. 98593 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death, March 12, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary E. Saffran

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 85 Years, _____ Months, _____ Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation _____

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and Number. } 1024 Pennsylvania Avenue

Cause of Death, { First (Primary), Second (Immediate). } Old age.
Cardiac paralysis

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, Mar 15 1887 Martiny Brewer M. D.

Undertaker Saffran & Sons Medical Attendant.

Place of Business, 947 Penna Ave Address, 1031 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 9859-4 Office of Registrar of Vital Statistics. Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death, March 11th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Caroline Pelty

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 22 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Cook

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } W. Madison Ave # 1027

Cause of Death, { First (Primary), Killed from pistol shot by Henry B. Berwanger the ball penetrating the heart. Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, St Matthews Cem

Date of Burial, March 14th

{ Undertaker, J. D. Duffel L. S. Spanow M. D. Medical Attendant.

{ Place of Business, 151 S. Bond Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 98595 Office of Registrar of Vital Statistics. Ward 9 ⁵/₉

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gustav Bresmon

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 26 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Bartender

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 2000s

Place of Death, { Give Street and Number. } City Hospital

Cause of Death, { First (Primary), Second (Immediate), } Pneum (Probably Pneumonia)
Shock

Duration of Last Sickness, 24 hrs

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 14th

{ Undertaker, Jos. Goerdens & Son } W. D. Gardner M. D.
Medical Attendant.

{ Place of Business, 210 N. Schroeder Address, City Hospital }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98597 Office of Registrar of Vital Statistics.

Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 13. 87
Full Name of Deceased, Michel Savin
Sex, Male or ~~Female~~, Male
Age, 38 Years, White Months, - Days.
Color, White
~~Married~~, Single, ~~Widow~~ or ~~Widower~~, Carpenter
Occupation, Bal. City
Birth Place, Since birth
Duration of Residence in the City of Baltimore, 1411
Place of Death, Washington Ave.
Cause of Death, Congestion
Exhaustion
Duration of Last Sickness, 3 yrs.
Place of Burial, Peter cemetery
Date of Burial, March 15 1887
Undertaker, W. R. Carson
Place of Business, 1003 W. Pratt St. Address, 1803 W. Pratt St.
Medical Attendant, L. R. Wilson M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.
Office of Registrar of Vital Statistics.

Permit No.

Ward

8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 13th March 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Anastasia Murphy

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 86 Years, — Months, — Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, —

Place of Death, { Give Street and Number. } Little Sisters of the Poor

Cause of Death, { First (Primary), Bronchial Catarrh and Second (Immediate), old age —

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial, March 15th 1887

{ Undertaker, W Cadogan } { Medical Attendant, } { Place of Business, 22 Mulberry St, 707 W. Lombard St }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No.

98599

Office of Registrar of Vital Statistics.

Ward

3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 13th 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Gottlieb Deyler

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

33

Years,

8

Months,

1

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Married

Occupation,

Trailer

Birth Place,

State or country, and how long in the United States, if of foreign birth.

Germany

Duration of Residence in the City of Baltimore,

30 years

Place of Death,

Give Street and Number.

New No 230 N Bond St

Cause of Death,

First (Primary),

Chronic Rheumatism & Pneumonia

Second (Immediate),

Duration of Last Sickness,

Not well for many years

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

March 15th

Undertaker,

Geach & Hilling

Place of Business,

4 N Bond St

Address,

4 N Bond St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98600 Office of Registrar of Vital Statistics.

Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13th '87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Edward Swan

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 12 Years, Months, Days.

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 12 years

Place of Death, { Give Street and Number. } University Hospital

Cause of Death, { First (Primary), Second (Immediate), } Crushed leg (railroad accident) - Infection
Septicæmia - Exhaustion

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Sharps Cemetery

Date of Burial, March 14 1887

{ Undertaker, William A. Dunge

{ Place of Business, 150 East St

C. W. Mitchell M. D.

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98601

Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday March 13th 1887

Full Name of Deceased, Fannie Lee White

Sex, Male or Female, Female

Age, Twenty Three Years, Six Months, 18 Days.

Color, White

Married, Single, Widow or Widower

Occupation, _____

Birth Place, Onancock Accomack Co Va

Duration of Residence in the City of Baltimore, Seventeen Years

Place of Death, 1931 Eutan Place in President St

Cause of Death, Pulmonary Consumption

Duration of Last Sickness, One Year

Place of Burial, London Park

Date of Burial, Mon 15th 1887

Undertaker, Christy L. B. Comings M. D.

Place of Business, N.E. Light & Mail Address, 1925 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98602 Office of Registrar of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13th 87

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Flora Coppenhaver

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Six Years, — Months, — Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Martinsburg W. Va

Duration of Residence in the City of Baltimore, Two mos

Place of Death, { Give Street and Number. } E. E. Barne St

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Martinsburg W. Va

Date of Burial, March 15th 1887

Undertaker, Armstrong & Sons

Place of Business, 715 Light St

B. F. Phillips M. D.
Medical Attendant.

Address, 735 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4586 Trause [OVER]